



# Town of Southampton

6 NEWTOWN ROAD  
HAMPTON BAYS, NEW YORK 11946

CHRISTOPHER F. BEAN  
SUPERINTENDENT

## PARKS & RECREATION DEPARTMENT

Telephone (631) 728-8585  
Fax (631) 728-8525

### GROUP SWIMMING REGISTRATION FORM

**THIS APPLICATION MUST BE FILLED OUT COMPLETELY.**

1. Date of Application: \_\_\_\_\_
2. Organization Name: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. E-mail: \_\_\_\_\_
6. List Specific Area(s) Needed: \_\_\_\_\_
7. Start Date of Reservation \_\_\_\_\_ End Date of Reservation: \_\_\_\_\_
8. Number of Children Expected: \_\_\_\_\_ Ages of Children: \_\_\_\_\_
9. Number of Supervisors: \_\_\_\_\_
10. Supervisor in Charge: \_\_\_\_\_
11. Will you bring a certified lifeguard? Yes ☐ No ☐

If yes, please list his/her name: \_\_\_\_\_

Type/Date of Certification: \_\_\_\_\_

#### AGREEMENT

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the Town of Southampton for the use and care of the facilities. He/she, on behalf of \_\_\_\_\_, does hereby covenant and agree to defend, indemnify and hold harmless the Town of Southampton from and against any and all liability, loss, damages, claims or actions, including costs and attorneys' fees, for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of the Town of Southampton's property, facilities and or service by \_\_\_\_\_.

#### Signature of Organization's Representative

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time Start							
Time End							

\*\*\*\*\* OFFICE USE ONLY - CHECK LIST \*\*\*\*\*

INSURANCE CERTIFICATE

☐

BOOK/CALENDAR

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Comments for Permit Holder: \_\_\_\_\_

\_\_\_\_\_